

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$3,100,022	\$3,472,044	\$372,022	12%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$18,519,560	\$23,133,138	\$4,613,578	25%
4	Current Assets Whose Use is Limited for Current Liabilities	\$10,424,098	\$1,710,681	(\$8,713,417)	-84%
5	Due From Affiliates	\$3,731,723	\$2,268,115	(\$1,463,608)	-39%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$593,080	\$574,503	(\$18,577)	-3%
8	Prepaid Expenses	\$778,317	\$1,097,858	\$319,541	41%
9	Other Current Assets	\$2,282,871	\$3,624,385	\$1,341,514	59%
	<b>Total Current Assets</b>	<b>\$39,429,671</b>	<b>\$35,880,724</b>	<b>(\$3,548,947)</b>	<b>-9%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$70,154,812	\$67,820,517	(\$2,334,295)	-3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$70,154,812</b>	<b>\$67,820,517</b>	<b>(\$2,334,295)</b>	<b>-3%</b>
5	Interest in Net Assets of Foundation	\$75,558,434	\$75,658,862	\$100,428	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$20,706,949	\$26,168,323	\$5,461,374	26%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$163,914,593	\$171,130,169	\$7,215,576	4%
2	Less: Accumulated Depreciation	\$75,036,631	\$84,352,993	\$9,316,362	12%
	<b>Property, Plant and Equipment, Net</b>	<b>\$88,877,962</b>	<b>\$86,777,176</b>	<b>(\$2,100,786)</b>	<b>-2%</b>
3	Construction in Progress	\$2,238,237	\$10,845,652	\$8,607,415	385%
	<b>Total Net Fixed Assets</b>	<b>\$91,116,199</b>	<b>\$97,622,828</b>	<b>\$6,506,629</b>	<b>7%</b>
	<b>Total Assets</b>	<b>\$296,966,065</b>	<b>\$303,151,254</b>	<b>\$6,185,189</b>	<b>2%</b>

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$23,010,263	\$23,190,193	\$179,930	1%
2	Salaries, Wages and Payroll Taxes	\$8,491,932	\$8,583,461	\$91,529	1%
3	Due To Third Party Payers	\$1,654,459	\$1,261,943	(\$392,516)	-24%
4	Due To Affiliates	\$642,915	\$987,542	\$344,627	54%
5	Current Portion of Long Term Debt	\$2,375,000	\$1,050,000	(\$1,325,000)	-56%
6	Current Portion of Notes Payable	\$4,222,279	\$2,137,718	(\$2,084,561)	-49%
7	Other Current Liabilities	\$613,519	\$217,358	(\$396,161)	-65%
	<b>Total Current Liabilities</b>	<b>\$41,010,367</b>	<b>\$37,428,215</b>	<b>(\$3,582,152)</b>	<b>-9%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$30,531,457	\$40,530,000	\$9,998,543	33%
2	Notes Payable (Net of Current Portion)	\$9,031,106	\$1,845,978	(\$7,185,128)	-80%
	<b>Total Long Term Debt</b>	<b>\$39,562,563</b>	<b>\$42,375,978</b>	<b>\$2,813,415</b>	<b>7%</b>
3	Accrued Pension Liability	\$15,664,920	\$18,776,699	\$3,111,779	20%
4	Other Long Term Liabilities	\$16,506,227	\$17,559,945	\$1,053,718	6%
	<b>Total Long Term Liabilities</b>	<b>\$71,733,710</b>	<b>\$78,712,622</b>	<b>\$6,978,912</b>	<b>10%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$80,916,370	\$82,917,999	\$2,001,629	2%
2	Temporarily Restricted Net Assets	\$17,283,499	\$19,943,320	\$2,659,821	15%
3	Permanently Restricted Net Assets	\$86,022,119	\$84,149,098	(\$1,873,021)	-2%
	<b>Total Net Assets</b>	<b>\$184,221,988</b>	<b>\$187,010,417</b>	<b>\$2,788,429</b>	<b>2%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$296,966,065</b>	<b>\$303,151,254</b>	<b>\$6,185,189</b>	<b>2%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$371,042,265	\$434,869,571	\$63,827,306	17%
2	Less: Allowances	\$176,951,244	\$223,973,161	\$47,021,917	27%
3	Less: Charity Care	\$1,326,729	\$1,581,301	\$254,572	19%
4	Less: Other Deductions	\$7,536,263	\$6,867,602	(\$668,661)	-9%
	<b>Total Net Patient Revenue</b>	<b>\$185,228,029</b>	<b>\$202,447,507</b>	<b>\$17,219,478</b>	<b>9%</b>
5	Other Operating Revenue	\$2,901,151	\$3,247,061	\$345,910	12%
6	Net Assets Released from Restrictions	\$10,727,674	\$12,747,922	\$2,020,248	19%
	<b>Total Operating Revenue</b>	<b>\$198,856,854</b>	<b>\$218,442,490</b>	<b>\$19,585,636</b>	<b>10%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$87,562,032	\$89,812,090	\$2,250,058	3%
2	Fringe Benefits	\$22,943,046	\$25,506,983	\$2,563,937	11%
3	Physicians Fees	\$8,406,976	\$8,064,841	(\$342,135)	-4%
4	Supplies and Drugs	\$15,331,012	\$14,697,511	(\$633,501)	-4%
5	Depreciation and Amortization	\$9,805,033	\$10,397,231	\$592,198	6%
6	Bad Debts	\$3,302,352	\$1,147,790	(\$2,154,562)	-65%
7	Interest	\$1,388,163	\$1,187,248	(\$200,915)	-14%
8	Malpractice	\$4,807,075	\$5,135,430	\$328,355	7%
9	Other Operating Expenses	\$46,569,934	\$56,508,831	\$9,938,897	21%
	<b>Total Operating Expenses</b>	<b>\$200,115,623</b>	<b>\$212,457,955</b>	<b>\$12,342,332</b>	<b>6%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$1,258,769)</b>	<b>\$5,984,535</b>	<b>\$7,243,304</b>	<b>-575%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$16,535,869	\$9,798,919	(\$6,736,950)	-41%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$16,535,869</b>	<b>\$9,798,919</b>	<b>(\$6,736,950)</b>	<b>-41%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$15,277,100</b>	<b>\$15,783,454</b>	<b>\$506,354</b>	<b>3%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$15,277,100</b>	<b>\$15,783,454</b>	<b>\$506,354</b>	<b>3%</b>
	Principal Payments	\$5,777,048	\$41,251,348	\$35,474,300	614%

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$327,619	\$192,736	(\$134,883)	-41%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$23,049,963	\$31,580,180	\$8,530,217	37%
4	MEDICAID MANAGED CARE	\$94,927,992	\$105,361,536	\$10,433,544	11%
5	CHAMPUS/TRICARE	\$876,816	\$1,844,861	\$968,045	110%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$100,206,322	\$112,205,405	\$11,999,083	12%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$3,559,565	\$1,309,331	(\$2,250,234)	-63%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$222,948,277</b>	<b>\$252,494,049</b>	<b>\$29,545,772</b>	<b>13%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$65,268	\$220,883	\$155,615	238%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$4,035,580	\$5,211,634	\$1,176,054	29%
4	MEDICAID MANAGED CARE	\$65,955,051	\$85,999,549	\$20,044,498	30%
5	CHAMPUS/TRICARE	\$680,464	\$981,727	\$301,263	44%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$75,280,377	\$88,035,819	\$12,755,442	17%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,077,249	\$1,925,909	(\$151,340)	-7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$148,093,989</b>	<b>\$182,375,521</b>	<b>\$34,281,532</b>	<b>23%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$392,887	\$413,619	\$20,732	5%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$27,085,543	\$36,791,814	\$9,706,271	36%
4	MEDICAID MANAGED CARE	\$160,883,043	\$191,361,085	\$30,478,042	19%
5	CHAMPUS/TRICARE	\$1,557,280	\$2,826,588	\$1,269,308	82%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$175,486,699	\$200,241,224	\$24,754,525	14%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$5,636,814	\$3,235,240	(\$2,401,574)	-43%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$371,042,266</b>	<b>\$434,869,570</b>	<b>\$63,827,304</b>	<b>17%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$2,997,225	\$1,373,960	(\$1,623,265)	-54%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$7,360,983	\$8,418,363	\$1,057,380	14%
4	MEDICAID MANAGED CARE	\$35,535,264	\$36,724,839	\$1,189,575	3%
5	CHAMPUS/TRICARE	\$326,298	\$816,511	\$490,213	150%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$66,112,554	\$70,836,576	\$4,724,022	7%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$504,320	\$237,285	(\$267,035)	-53%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER  
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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$112,836,644</b>	<b>\$118,407,534</b>	<b>\$5,570,890</b>	<b>5%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$598,250	\$1,615,423	\$1,017,173	170%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$183,687	\$1,219,512	\$1,035,825	564%
4	MEDICAID MANAGED CARE	\$22,644,620	\$28,531,300	\$5,886,680	26%
5	CHAMPUS/TRICARE	\$370,211	\$530,126	\$159,915	43%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$41,046,642	\$46,601,668	\$5,555,026	14%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$761,886	\$349,025	(\$412,861)	-54%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$65,605,296</b>	<b>\$78,847,054</b>	<b>\$13,241,758</b>	<b>20%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$3,595,475	\$2,989,383	(\$606,092)	-17%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$7,544,670	\$9,637,875	\$2,093,205	28%
4	MEDICAID MANAGED CARE	\$58,179,884	\$65,256,139	\$7,076,255	12%
5	CHAMPUS/TRICARE	\$696,509	\$1,346,637	\$650,128	93%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$107,159,196	\$117,438,244	\$10,279,048	10%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,266,206	\$586,310	(\$679,896)	-54%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$178,441,940</b>	<b>\$197,254,588</b>	<b>\$18,812,648</b>	<b>11%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	8	14	6	75%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	348	362	14	4%
4	MEDICAID MANAGED CARE	3,296	2,815	(481)	-15%
5	CHAMPUS/TRICARE	38	52	14	37%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	3,030	2,910	(120)	-4%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	80	50	(30)	-38%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>6,800</b>	<b>6,203</b>	<b>(597)</b>	<b>-9%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	46	34	(12)	-26%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	3,587	4,360	773	22%
4	MEDICAID MANAGED CARE	15,751	16,028	277	2%
5	CHAMPUS/TRICARE	140	277	137	98%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	16,690	16,915	225	1%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	585	220	(365)	-62%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>36,799</b>	<b>37,834</b>	<b>1,035</b>	<b>3%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
1	MEDICARE TRADITIONAL	76	134	58	76%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	3,488	3,970	482	14%
4	MEDICAID MANAGED CARE	67,916	75,444	7,528	11%
5	CHAMPUS/TRICARE	631	781	150	24%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	70,744	75,393	4,649	7%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	2,053	1,755	(298)	-15%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>144,908</b>	<b>157,477</b>	<b>12,569</b>	<b>9%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$11,775	\$14,810	\$3,035	26%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$1,533,466	\$1,915,262	\$381,796	25%
4	MEDICAID MANAGED CARE	\$27,519,964	\$31,094,625	\$3,574,661	13%
5	CHAMPUS/TRICARE	\$210,138	\$287,983	\$77,845	37%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$14,120,930	\$20,524,775	\$6,403,845	45%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,387,637	\$1,316,942	(\$70,695)	-5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$44,783,910</b>	<b>\$55,154,397</b>	<b>\$10,370,487</b>	<b>23%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$9,184	\$10,744	\$1,560	17%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$311,666	\$331,170	\$19,504	6%
4	MEDICAID MANAGED CARE	\$6,048,888	\$6,689,399	\$640,511	11%
5	CHAMPUS/TRICARE	\$138,691	\$190,069	\$51,378	37%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$8,954,157	\$13,210,352	\$4,256,195	48%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$411,386	\$885,344	\$473,958	115%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$15,873,972</b>	<b>\$21,317,078</b>	<b>\$5,443,106</b>	<b>34%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	13	13	0	0%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	1,716	1,806	90	5%
4	MEDICAID MANAGED CARE	30,798	30,807	9	0%
5	CHAMPUS/TRICARE	235	267	32	14%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	15,803	16,020	217	1%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,553	1,199	(354)	-23%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>50,118</b>	<b>50,112</b>	<b>(6)</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
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(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2010 ACTUAL</b>	<b>FY 2011 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$30,506,666	\$29,076,374	(\$1,430,292)	-5%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$57,055,366	\$60,735,716	\$3,680,350	6%
	<b>Total Salaries &amp; Wages</b>	<b>\$87,562,032</b>	<b>\$89,812,090</b>	<b>\$2,250,058</b>	<b>3%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$7,993,371	\$8,257,803	\$264,432	3%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$14,949,675	\$17,249,180	\$2,299,505	15%
	<b>Total Fringe Benefits</b>	<b>\$22,943,046</b>	<b>\$25,506,983</b>	<b>\$2,563,937</b>	<b>11%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$8,406,976	\$8,064,841	(\$342,135)	-4%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$8,406,976</b>	<b>\$8,064,841</b>	<b>(\$342,135)</b>	<b>-4%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$9,457,563	\$9,534,411	\$76,848	1%
2	Pharmaceutical Costs	\$5,873,449	\$5,163,100	(\$710,349)	-12%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$15,331,012</b>	<b>\$14,697,511</b>	<b>(\$633,501)</b>	<b>-4%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$4,067,904	\$4,763,380	\$695,476	17%
2	Depreciation-Equipment	\$5,238,110	\$5,140,177	(\$97,933)	-2%
3	Amortization	\$499,019	\$493,674	(\$5,345)	-1%
	<b>Total Depreciation and Amortization</b>	<b>\$9,805,033</b>	<b>\$10,397,231</b>	<b>\$592,198</b>	<b>6%</b>
<b>F.</b>	<b>Bad Debts:</b>				
1	Bad Debts	\$3,302,352	\$1,147,790	(\$2,154,562)	-65%
<b>G.</b>	<b>Interest Expense:</b>				
1	Interest Expense	\$1,388,163	\$1,187,248	(\$200,915)	-14%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$4,807,075	\$5,135,430	\$328,355	7%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$103,365	\$125,032	\$21,667	21%
2	Natural Gas	\$578,750	\$619,787	\$41,037	7%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,559,140	\$1,659,530	\$100,390	6%
5	Telephone	\$215,145	\$224,840	\$9,695	5%
6	Other Utilities	\$40,347	\$45,494	\$5,147	13%
	<b>Total Utilities</b>	<b>\$2,496,747</b>	<b>\$2,674,683</b>	<b>\$177,936</b>	<b>7%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$249,900	\$265,396	\$15,496	6%
2	Legal Fees	\$679,384	\$558,680	(\$120,704)	-18%
3	Consulting Fees	\$1,366,026	\$1,376,121	\$10,095	1%
4	Dues and Membership	\$704,517	\$787,918	\$83,401	12%
5	Equipment Leases	\$575,982	\$672,149	\$96,167	17%
6	Building Leases	\$4,098,333	\$3,729,926	(\$368,407)	-9%
7	Repairs and Maintenance	\$1,753,270	\$1,704,217	(\$49,053)	-3%
8	Insurance	\$288,494	\$277,384	(\$11,110)	-4%
9	Travel	\$109,360	\$54,047	(\$55,313)	-51%
10	Conferences	\$414,398	\$486,640	\$72,242	17%
11	Property Tax	\$17,466	\$86,299	\$68,833	394%

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(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
12	General Supplies	\$2,267,663	\$2,411,307	\$143,644	6%
13	Licenses and Subscriptions	\$81,795	\$70,768	(\$11,027)	-13%
14	Postage and Shipping	\$94,228	\$89,725	(\$4,503)	-5%
15	Advertising	\$1,081,458	\$831,319	(\$250,139)	-23%
16	Other Business Expenses	\$0	\$0	\$0	0%
	<b>Total Business Expenses</b>	<b>\$13,782,274</b>	<b>\$13,401,896</b>	<b>(\$380,378)</b>	<b>-3%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$30,290,913	\$40,432,252	\$10,141,339	33%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$200,115,623</b>	<b>\$212,457,955</b>	<b>\$12,342,332</b>	<b>6%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$19,598,358	\$24,336,795	\$4,738,437	24%
2	General Accounting	\$1,746,329	\$1,862,382	\$116,053	7%
3	Patient Billing & Collection	\$1,036,478	\$2,171,815	\$1,135,337	110%
4	Admitting / Registration Office	\$2,575,902	\$2,402,405	(\$173,497)	-7%
5	Data Processing	\$4,473,926	\$4,835,560	\$361,634	8%
6	Communications	\$787,651	\$378,756	(\$408,895)	-52%
7	Personnel	\$2,977,375	\$3,180,239	\$202,864	7%
8	Public Relations	\$1,507,093	\$1,332,840	(\$174,253)	-12%
9	Purchasing	\$527,055	\$571,891	\$44,836	9%
10	Dietary and Cafeteria	\$3,415,257	\$3,461,002	\$45,745	1%
11	Housekeeping	\$3,190,707	\$3,224,506	\$33,799	1%
12	Laundry & Linen	\$24,577	\$7,542	(\$17,035)	-69%
13	Operation of Plant	\$5,323,956	\$6,459,583	\$1,135,627	21%
14	Security	\$2,287,495	\$2,480,103	\$192,608	8%
15	Repairs and Maintenance	\$413,184	\$417,268	\$4,084	1%
16	Central Sterile Supply	\$680,737	\$625,287	(\$55,450)	-8%
17	Pharmacy Department	\$8,278,973	\$7,907,177	(\$371,796)	-4%
18	Other General Services	\$1,534,628	\$1,732,849	\$198,221	13%
	<b>Total General Services</b>	<b>\$60,379,681</b>	<b>\$67,388,000</b>	<b>\$7,008,319</b>	<b>12%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$4,049,318	\$4,228,726	\$179,408	4%
2	Residency Program	\$8,402,504	\$8,518,745	\$116,241	1%
3	Nursing Services Administration	\$1,239,371	\$1,247,740	\$8,369	1%
4	Medical Records	\$1,651,686	\$1,638,562	(\$13,124)	-1%
5	Social Service	\$2,249,508	\$2,320,036	\$70,528	3%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$17,592,387</b>	<b>\$17,953,809</b>	<b>\$361,422</b>	<b>2%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$9,941,001	\$10,050,549	\$109,548	1%
2	Recovery Room	\$0	\$0	\$0	0%
3	Anesthesiology	\$983,057	\$922,220	(\$60,837)	-6%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$4,636,218	\$4,007,560	(\$628,658)	-14%
6	Diagnostic Ultrasound	\$765,278	\$827,742	\$62,464	8%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$663,722	\$627,921	(\$35,801)	-5%
10	Laboratory	\$4,379,072	\$4,727,629	\$348,557	8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$278,886	\$194,944	(\$83,942)	-30%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$422,756	\$452,691	\$29,935	7%

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(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2010 ACTUAL</b>	<b>FY 2011 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
15	Occupational Therapy	\$1,572,951	\$1,664,831	\$91,880	6%
16	Speech Pathology	\$1,121,129	\$1,372,781	\$251,652	22%
17	Audiology	\$1,390,878	\$1,674,883	\$284,005	20%
18	Respiratory Therapy	\$3,490,936	\$3,908,656	\$417,720	12%
19	Pulmonary Function	\$407,368	\$434,974	\$27,606	7%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,124,580	\$1,228,192	\$103,612	9%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$8,844,923	\$8,677,484	(\$167,439)	-2%
25	MRI	\$886,544	\$880,324	(\$6,220)	-1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$261,395	\$249,105	(\$12,290)	-5%
29	Sleep Center	\$196,828	\$248,691	\$51,863	26%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$219,918	\$154,778	(\$65,140)	-30%
32	Occupational Therapy / Physical Therapy	\$2,829,173	\$3,191,248	\$362,075	13%
33	Dental Clinic	\$0	\$200,523	\$200,523	0%
34	Other Special Services	\$2,961,401	\$2,566,468	(\$394,933)	-13%
	<b>Total Special Services</b>	<b>\$47,378,014</b>	<b>\$48,264,194</b>	<b>\$886,180</b>	<b>2%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$0	\$0	\$0	0%
2	Intensive Care Unit	\$7,511,309	\$7,289,110	(\$222,199)	-3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$19,367,973	\$18,800,023	(\$567,950)	-3%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$13,751	\$888	(\$12,863)	-94%
8	Neonatal ICU	\$10,213,620	\$12,695,883	\$2,482,263	24%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$3,820,681	\$4,215,934	\$395,253	10%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$129,837	\$112,088	(\$17,749)	-14%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$41,057,171</b>	<b>\$43,113,926</b>	<b>\$2,056,755</b>	<b>5%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$33,708,370	\$35,738,026	\$2,029,656	6%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$200,115,623</b>	<b>\$212,457,955</b>	<b>\$12,342,332</b>	<b>6%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$178,476,453	\$ 185,228,029	\$202,447,507
2	Other Operating Revenue	14,938,808	13,628,825	15,994,983
3	Total Operating Revenue	\$193,415,261	\$198,856,854	\$218,442,490
4	Total Operating Expenses	185,535,330	200,115,623	212,457,955
5	Income/(Loss) From Operations	\$7,879,931	(\$1,258,769)	\$5,984,535
6	Total Non-Operating Revenue	2,919,830	16,535,869	9,798,919
7	Excess/(Deficiency) of Revenue Over Expenses	\$10,799,761	\$15,277,100	\$15,783,454
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	4.01%	-0.58%	2.62%
2	Hospital Non Operating Margin	1.49%	7.68%	4.29%
3	Hospital Total Margin	5.50%	7.09%	6.92%
4	Income/(Loss) From Operations	\$7,879,931	(\$1,258,769)	\$5,984,535
5	Total Operating Revenue	\$193,415,261	\$198,856,854	\$218,442,490
6	Total Non-Operating Revenue	\$2,919,830	\$16,535,869	\$9,798,919
7	Total Revenue	\$196,335,091	\$215,392,723	\$228,241,409
8	Excess/(Deficiency) of Revenue Over Expenses	\$10,799,761	\$15,277,100	\$15,783,454
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	\$69,608,421	\$80,916,370	\$82,917,999
2	Hospital Total Net Assets	\$151,977,252	\$184,221,988	\$187,010,417
3	Hospital Change in Total Net Assets	(\$35,637,785)	\$32,244,736	\$2,788,429
4	Hospital Change in Total Net Assets %	81.0%	21.2%	1.5%
<b>D. Cost Data Summary</b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.49</b>	<b>0.51</b>	<b>0.46</b>
2	Total Operating Expenses	\$185,535,330	\$200,115,623	\$212,457,955
3	Total Gross Revenue	\$344,928,055	\$371,042,266	\$434,869,570
4	Total Other Operating Revenue	\$30,958,808	\$24,648,825	\$26,904,783

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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.16</b>	<b>1.21</b>	<b>1.27</b>
6	Total Non-Government Payments	\$99,696,355	\$108,425,402	\$118,024,554
7	Total Uninsured Payments	\$837,107	\$1,266,206	\$586,310
8	Total Non-Government Charges	\$175,652,254	\$181,123,513	\$203,476,464
9	Total Uninsured Charges	\$2,781,844	\$5,636,814	\$3,235,240
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>12.14</b>	<b>18.10</b>	<b>15.71</b>
11	Total Medicare Payments	\$3,494,249	\$3,595,475	\$2,989,383
12	Total Medicare Charges	\$583,072	\$392,887	\$413,619
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.72</b>	<b>0.69</b>	<b>0.71</b>
14	Total Medicaid Payments	\$59,620,686	\$65,724,554	\$74,894,014
15	Total Medicaid Charges	\$167,597,274	\$187,968,586	\$228,152,899
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,098,176</b>	<b>\$2,341,098</b>	<b>\$1,255,628</b>
17	Charity Care	\$442,542	\$1,326,729	\$1,581,301
18	Bad Debts	\$3,808,276	\$3,302,352	\$1,147,789
19	Total Uncompensated Care	\$4,250,818	\$4,629,081	\$2,729,090
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>1.1%</b>	<b>1.2%</b>	<b>0.6%</b>
21	Total Operating Expenses	\$185,535,330	\$200,115,623	\$212,457,955
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>0.93</b>	<b>0.96</b>	<b>0.96</b>
2	Total Current Assets	\$33,500,326	\$39,429,671	\$35,880,724
3	Total Current Liabilities	\$36,168,209	\$41,010,367	\$37,428,215
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>4</b>	<b>6</b>	<b>6</b>
5	Cash and Cash Equivalents	\$2,105,761	\$3,100,022	\$3,472,044
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$2,105,761	\$3,100,022	\$3,472,044
8	Total Operating Expenses	\$185,535,330	\$200,115,623	\$212,457,955
9	Depreciation Expense	\$9,422,221	\$9,805,033	\$10,397,231
10	Operating Expenses less Depreciation Expense	\$176,113,109	\$190,310,590	\$202,060,724

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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>40.42</b>	<b>33.23</b>	<b>39.43</b>
12	Net Patient Accounts Receivable	\$ 20,178,554	\$ 18,519,560	\$ 23,133,138
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$413,822	\$1,654,459	\$1,261,943
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 19,764,732	\$ 16,865,101	\$ 21,871,195
16	Total Net Patient Revenue	\$178,476,453	\$ 185,228,029	\$ 202,447,507
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>74.96</b>	<b>78.65</b>	<b>67.61</b>
18	Total Current Liabilities	\$36,168,209	\$41,010,367	\$37,428,215
19	Total Operating Expenses	\$185,535,330	\$200,115,623	\$212,457,955
20	Depreciation Expense	\$9,422,221	\$9,805,033	\$10,397,231
21	Total Operating Expenses less Depreciation Expense	\$176,113,109	\$190,310,590	\$202,060,724
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>58.9</b>	<b>62.0</b>	<b>61.7</b>
2	Total Net Assets	\$151,977,252	\$184,221,988	\$187,010,417
3	Total Assets	\$257,928,001	\$296,966,065	\$303,151,254
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>27.2</b>	<b>31.1</b>	<b>32.8</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$10,799,761	\$15,277,100	\$15,783,454
6	Depreciation Expense	\$9,422,221	\$9,805,033	\$10,397,231
7	Excess of Revenues Over Expenses and Depreciation Expense	\$20,221,982	\$25,082,133	\$26,180,685
8	Total Current Liabilities	\$36,168,209	\$41,010,367	\$37,428,215
9	Total Long Term Debt	\$38,294,691	\$39,562,563	\$42,375,978
10	Total Current Liabilities and Total Long Term Debt	\$74,462,900	\$80,572,930	\$79,804,193
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>20.1</b>	<b>17.7</b>	<b>18.5</b>
12	Total Long Term Debt	\$38,294,691	\$39,562,563	\$42,375,978
13	Total Net Assets	\$151,977,252	\$184,221,988	\$187,010,417
14	Total Long Term Debt and Total Net Assets	\$190,271,943	\$223,784,551	\$229,386,395
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>3.1</b>	<b>3.7</b>	<b>0.6</b>
16	Excess Revenues over Expenses	\$10,799,761	\$15,277,100	\$15,783,454
17	Interest Expense	\$1,921,628	\$1,388,163	\$1,187,248
18	Depreciation and Amortization Expense	\$9,422,221	\$9,805,033	\$10,397,231
19	Principal Payments	\$5,260,291	\$5,777,048	\$41,251,348

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	7.1	7.7	8.1
21	Accumulated Depreciation	\$66,634,489	\$75,036,631	\$84,352,993
22	Depreciation and Amortization Expense	\$9,422,221	\$9,805,033	\$10,397,231
<b>H. Utilization Measures Summary</b>				
1	Patient Days	35,911	36,799	37,834
2	Discharges	6,359	6,800	6,203
3	ALOS	5.6	5.4	6.1
4	Staffed Beds	142	142	182
5	Available Beds	-	147	187
6	Licensed Beds	147	147	187
6	Occupancy of Staffed Beds	69.3%	71.0%	57.0%
7	Occupancy of Available Beds	69.3%	68.6%	55.4%
8	Full Time Equivalent Employees	1,195.2	1,212.5	1,229.2
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	50.1%	47.3%	46.0%
2	Medicare Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
3	Medicaid Gross Revenue Payer Mix Percentage	48.6%	50.7%	52.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	0.8%	1.5%	0.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.4%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$172,870,410	\$175,486,699	\$200,241,224
9	Medicare Gross Revenue (Charges)	\$583,072	\$392,887	\$413,619
10	Medicaid Gross Revenue (Charges)	\$167,597,274	\$187,968,586	\$228,152,899
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$2,781,844	\$5,636,814	\$3,235,240
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,095,455	\$1,557,280	\$2,826,588
14	Total Gross Revenue (Charges)	\$344,928,055	\$371,042,266	\$434,869,570
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	60.6%	60.1%	59.5%
2	Medicare Net Revenue Payer Mix Percentage	2.1%	2.0%	1.5%
3	Medicaid Net Revenue Payer Mix Percentage	36.5%	36.8%	38.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.5%	0.7%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.4%	0.7%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
8	Non-Government Net Revenue (Payments)	\$98,859,248	\$107,159,196	\$117,438,244
9	Medicare Net Revenue (Payments)	\$3,494,249	\$3,595,475	\$2,989,383
10	Medicaid Net Revenue (Payments)	\$59,620,686	\$65,724,554	\$74,894,014
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$837,107	\$1,266,206	\$586,310
13	CHAMPUS / TRICARE Net Revenue Payments)	\$428,381	\$696,509	\$1,346,637
14	Total Net Revenue (Payments)	\$163,239,671	\$178,441,940	\$197,254,588
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	3,065	3,110	2,960
2	Medicare	8	8	14
3	Medical Assistance	3,255	3,644	3,177
4	Medicaid	3,255	3,644	3,177
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	31	38	52
7	Uninsured (Included In Non-Government)	51	80	50
8	Total	6,359	6,800	6,203
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.448800	1.397600	1.385400
2	Medicare	2.177200	1.761100	0.929000
3	Medical Assistance	1.361100	1.262300	1.342400
4	Medicaid	1.361100	1.262300	1.342400
5	Other Medical Assistance	0.000000	0.000000	0.000000
6	CHAMPUS / TRICARE	0.945500	1.134500	1.377500
7	Uninsured (Included In Non-Government)	1.155500	1.031400	1.035600
8	Total Case Mix Index	1.402371	1.324052	1.362280
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	2,838	3,473	3,376
2	Emergency Room - Treated and Discharged	47,262	50,118	50,112
3	Total Emergency Room Visits	50,100	53,591	53,488

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$61,378,613	\$65,423,492	\$4,044,879	7%
2	Inpatient Payments	\$22,992,706	\$22,612,470	(\$380,236)	-2%
3	Outpatient Charges	\$41,270,513	\$54,776,214	\$13,505,701	33%
4	Outpatient Payments	\$14,400,811	\$17,873,156	\$3,472,345	24%
5	Discharges	2,220	1,737	(483)	-22%
6	Patient Days	10,188	9,741	(447)	-4%
7	Outpatient Visits (Excludes ED Visits)	24,377	28,872	4,495	18%
8	Emergency Department Outpatient Visits	17,907	17,885	(22)	0%
9	Emergency Department Inpatient Admissions	1,084	993	(91)	-8%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$102,649,126</b>	<b>\$120,199,706</b>	<b>\$17,550,580</b>	<b>17%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$37,393,517</b>	<b>\$40,485,626</b>	<b>\$3,092,109</b>	<b>8%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$10,712,800	\$12,856,050	\$2,143,250	20%
2	Inpatient Payments	\$4,320,921	\$4,641,451	\$320,530	7%
3	Outpatient Charges	\$7,791,907	\$10,550,235	\$2,758,328	35%
4	Outpatient Payments	\$2,561,575	\$3,736,614	\$1,175,039	46%
5	Discharges	368	371	3	1%
6	Patient Days	1,882	2,033	151	8%
7	Outpatient Visits (Excludes ED Visits)	3,859	4,536	677	18%
8	Emergency Department Outpatient Visits	4,441	4,712	271	6%
9	Emergency Department Inpatient Admissions	178	190	12	7%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$18,504,707</b>	<b>\$23,406,285</b>	<b>\$4,901,578</b>	<b>26%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$6,882,496</b>	<b>\$8,378,065</b>	<b>\$1,495,569</b>	<b>22%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$22,836,579	\$27,081,994	\$4,245,415	19%
2	Inpatient Payments	\$8,221,637	\$9,470,918	\$1,249,281	15%
3	Outpatient Charges	\$16,892,631	\$20,673,100	\$3,780,469	22%
4	Outpatient Payments	\$5,682,234	\$6,921,530	\$1,239,296	22%
5	Discharges	708	707	(1)	0%
6	Patient Days	3,681	4,254	573	16%
7	Outpatient Visits (Excludes ED Visits)	8,882	11,229	2,347	26%
8	Emergency Department Outpatient Visits	8,450	8,210	(240)	-3%
9	Emergency Department Inpatient Admissions	387	408	21	5%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$39,729,210</b>	<b>\$47,755,094</b>	<b>\$8,025,884</b>	<b>20%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$13,903,871</b>	<b>\$16,392,448</b>	<b>\$2,488,577</b>	<b>18%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$94,927,992</b>	<b>\$105,361,536</b>	<b>\$10,433,544</b>	<b>11%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$35,535,264</b>	<b>\$36,724,839</b>	<b>\$1,189,575</b>	<b>3%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$65,955,051</b>	<b>\$85,999,549</b>	<b>\$20,044,498</b>	<b>30%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$22,644,620</b>	<b>\$28,531,300</b>	<b>\$5,886,680</b>	<b>26%</b>
	<b>TOTAL DISCHARGES</b>	<b>3,296</b>	<b>2,815</b>	<b>(481)</b>	<b>-15%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>15,751</b>	<b>16,028</b>	<b>277</b>	<b>2%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>37,118</b>	<b>44,637</b>	<b>7,519</b>	<b>20%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>30,798</b>	<b>30,807</b>	<b>9</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>1,649</b>	<b>1,591</b>	<b>(58)</b>	<b>-4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$160,883,043</b>	<b>\$191,361,085</b>	<b>\$30,478,042</b>	<b>19%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$58,179,884</b>	<b>\$65,256,139</b>	<b>\$7,076,255</b>	<b>12%</b>

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$5,638,104	\$5,041,855	(\$596,249)	-11%
2	Short Term Investments	\$11,027,121	\$9,572,313	(\$1,454,808)	-13%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$23,910,497	\$29,437,428	\$5,526,931	23%
4	Current Assets Whose Use is Limited for Current Liabilities	\$10,424,098	\$1,710,681	(\$8,713,417)	-84%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$618,412	\$600,832	(\$17,580)	-3%
8	Prepaid Expenses	\$975,496	\$1,347,652	\$372,156	38%
9	Other Current Assets	\$5,448,293	\$6,086,933	\$638,640	12%
	<b>Total Current Assets</b>	<b>\$58,042,021</b>	<b>\$53,797,694</b>	<b>(\$4,244,327)</b>	<b>-7%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$70,154,812	\$67,820,517	(\$2,334,295)	-3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$70,154,812</b>	<b>\$67,820,517</b>	<b>(\$2,334,295)</b>	<b>-3%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$93,335,551	\$89,910,212	(\$3,425,339)	-4%
7	Other Noncurrent Assets	\$22,815,093	\$27,718,260	\$4,903,167	21%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$170,575,805	\$177,970,354	\$7,394,549	4%
2	Less: Accumulated Depreciation	\$78,194,916	\$88,058,750	\$9,863,834	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$92,380,889</b>	<b>\$89,911,604</b>	<b>(\$2,469,285)</b>	<b>-3%</b>
3	Construction in Progress	\$2,272,562	\$11,139,708	\$8,867,146	390%
	<b>Total Net Fixed Assets</b>	<b>\$94,653,451</b>	<b>\$101,051,312</b>	<b>\$6,397,861</b>	<b>7%</b>
	<b>Total Assets</b>	<b>\$339,000,928</b>	<b>\$340,297,995</b>	<b>\$1,297,067</b>	<b>0%</b>

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$27,297,994	\$26,979,962	(\$318,032)	-1%
2	Salaries, Wages and Payroll Taxes	\$12,574,021	\$12,644,976	\$70,955	1%
3	Due To Third Party Payers	\$1,654,459	\$2,465,943	\$811,484	49%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,375,000	\$1,050,000	(\$1,325,000)	-56%
6	Current Portion of Notes Payable	\$4,246,490	\$2,164,028	(\$2,082,462)	-49%
7	Other Current Liabilities	\$623,163	\$478,089	(\$145,074)	-23%
	<b>Total Current Liabilities</b>	<b>\$48,771,127</b>	<b>\$45,782,998</b>	<b>(\$2,988,129)</b>	<b>-6%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$30,531,457	\$40,530,000	\$9,998,543	33%
2	Notes Payable (Net of Current Portion)	\$9,171,356	\$1,959,918	(\$7,211,438)	-79%
	<b>Total Long Term Debt</b>	<b>\$39,702,813</b>	<b>\$42,489,918</b>	<b>\$2,787,105</b>	<b>7%</b>
3	Accrued Pension Liability	\$15,664,920	\$18,776,699	\$3,111,779	20%
4	Other Long Term Liabilities	\$20,453,010	\$21,091,435	\$638,425	3%
	<b>Total Long Term Liabilities</b>	<b>\$75,820,743</b>	<b>\$82,358,052</b>	<b>\$6,537,309</b>	<b>9%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$109,366,904	\$106,736,848	(\$2,630,056)	-2%
2	Temporarily Restricted Net Assets	\$19,020,035	\$21,270,999	\$2,250,964	12%
3	Permanently Restricted Net Assets	\$86,022,119	\$84,149,098	(\$1,873,021)	-2%
	<b>Total Net Assets</b>	<b>\$214,409,058</b>	<b>\$212,156,945</b>	<b>(\$2,252,113)</b>	<b>-1%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$339,000,928</b>	<b>\$340,297,995</b>	<b>\$1,297,067</b>	<b>0%</b>

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$448,026,177	\$522,099,003	\$74,072,826	17%
2	Less: Allowances	\$215,758,710	\$266,588,042	\$50,829,332	24%
3	Less: Charity Care	\$1,532,533	\$1,768,093	\$235,560	15%
4	Less: Other Deductions	\$7,536,263	\$6,864,670	(\$671,593)	-9%
	<b>Total Net Patient Revenue</b>	<b>\$223,198,671</b>	<b>\$246,878,198</b>	<b>\$23,679,527</b>	<b>11%</b>
5	Other Operating Revenue	\$18,402,062	\$19,925,228	\$1,523,166	8%
6	Net Assets Released from Restrictions	\$12,554,321	\$14,198,761	\$1,644,440	13%
	<b>Total Operating Revenue</b>	<b>\$254,155,054</b>	<b>\$281,002,187</b>	<b>\$26,847,133</b>	<b>11%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$134,723,998	\$141,566,031	\$6,842,033	5%
2	Fringe Benefits	\$33,095,115	\$36,836,581	\$3,741,466	11%
3	Physicians Fees	\$8,596,301	\$8,189,577	(\$406,724)	-5%
4	Supplies and Drugs	\$17,815,423	\$17,886,664	\$71,241	0%
5	Depreciation and Amortization	\$10,396,136	\$11,168,772	\$772,636	7%
6	Bad Debts	\$4,379,254	\$2,467,648	(\$1,911,606)	-44%
7	Interest	\$1,396,384	\$1,231,424	(\$164,960)	-12%
8	Malpractice	\$7,377,252	\$7,717,614	\$340,362	5%
9	Other Operating Expenses	\$51,053,674	\$59,852,983	\$8,799,309	17%
	<b>Total Operating Expenses</b>	<b>\$268,833,537</b>	<b>\$286,917,294</b>	<b>\$18,083,757</b>	<b>7%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$14,678,483)</b>	<b>(\$5,915,107)</b>	<b>\$8,763,376</b>	<b>-60%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$14,123,287	\$11,451,790	(\$2,671,497)	-19%
2	Gifts, Contributions and Donations	\$7,233,069	\$3,454,348	(\$3,778,721)	-52%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$21,356,356</b>	<b>\$14,906,138</b>	<b>(\$6,450,218)</b>	<b>-30%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$6,677,873</b>	<b>\$8,991,031</b>	<b>\$2,313,158</b>	<b>35%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$6,677,873</b>	<b>\$8,991,031</b>	<b>\$2,313,158</b>	<b>35%</b>

<b>CCMC CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$211,707,121	\$223,198,671	\$246,878,198
2	Other Operating Revenue	30,104,432	30,956,383	34,123,989
3	Total Operating Revenue	\$241,811,553	\$254,155,054	\$281,002,187
4	Total Operating Expenses	244,661,772	268,833,537	286,917,294
5	Income/(Loss) From Operations	(\$2,850,219)	(\$14,678,483)	(\$5,915,107)
6	Total Non-Operating Revenue	4,834,487	21,356,356	14,906,138
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,984,268	\$6,677,873	\$8,991,031
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	-1.16%	-5.33%	-2.00%
2	Parent Corporation Non-Operating Margin	1.96%	7.75%	5.04%
3	Parent Corporation Total Margin	0.80%	2.42%	3.04%
4	Income/(Loss) From Operations	(\$2,850,219)	(\$14,678,483)	(\$5,915,107)
5	Total Operating Revenue	\$241,811,553	\$254,155,054	\$281,002,187
6	Total Non-Operating Revenue	\$4,834,487	\$21,356,356	\$14,906,138
7	Total Revenue	\$246,646,040	\$275,511,410	\$295,908,325
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,984,268	\$6,677,873	\$8,991,031
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	\$98,946,091	\$109,366,904	\$106,736,848
2	Parent Corporation Total Net Assets	\$184,607,269	\$214,409,058	\$212,156,945
3	Parent Corporation Change in Total Net Assets	(\$3,556,830)	\$29,801,789	(\$2,252,113)
4	Parent Corporation Change in Total Net Assets %	98.1%	16.1%	-1.1%

<b>CCMC CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
	<b>D. <u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.19</b>	<b>1.19</b>	<b>1.18</b>
2	Total Current Assets	\$49,926,131	\$58,042,021	\$53,797,694
3	Total Current Liabilities	\$41,909,412	\$48,771,127	\$45,782,998
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>16</b>	<b>24</b>	<b>19</b>
5	Cash and Cash Equivalents	\$4,836,967	\$5,638,104	\$5,041,855
6	Short Term Investments	5,286,908	11,027,121	9,572,313
7	Total Cash and Short Term Investments	\$10,123,875	\$16,665,225	\$14,614,168
8	Total Operating Expenses	\$244,661,772	\$268,833,537	\$286,917,294
9	Depreciation Expense	\$9,942,819	\$10,396,136	\$11,168,772
10	Operating Expenses less Depreciation Expense	\$234,718,953	\$258,437,401	\$275,748,522
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>44</b>	<b>36</b>	<b>40</b>
12	Net Patient Accounts Receivable	\$ 26,094,375	\$ 23,910,497	\$ 29,437,428
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$413,822	\$1,654,459	\$2,465,943
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 25,680,553	\$ 22,256,038	\$ 26,971,485
16	Total Net Patient Revenue	\$211,707,121	\$223,198,671	\$246,878,198
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>65</b>	<b>69</b>	<b>61</b>
18	Total Current Liabilities	\$41,909,412	\$48,771,127	\$45,782,998
19	Total Operating Expenses	\$244,661,772	\$268,833,537	\$286,917,294
20	Depreciation Expense	\$9,942,819	\$10,396,136	\$11,168,772
21	Total Operating Expenses less Depreciation Expense	\$234,718,953	\$258,437,401	\$275,748,522

<b>CCMC CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>61.7</b>	<b>63.2</b>	<b>62.3</b>
2	Total Net Assets	\$184,607,269	\$214,409,058	\$212,156,945
3	Total Assets	\$299,284,294	\$339,000,928	\$340,297,995
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>14.8</b>	<b>19.3</b>	<b>22.8</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,984,268	\$6,677,873	\$8,991,031
6	Depreciation Expense	\$9,942,819	\$10,396,136	\$11,168,772
7	Excess of Revenues Over Expenses and Depreciation Expense	\$11,927,087	\$17,074,009	\$20,159,803
8	Total Current Liabilities	\$41,909,412	\$48,771,127	\$45,782,998
9	Total Long Term Debt	\$38,413,034	\$39,702,813	\$42,489,918
10	Total Current Liabilities and Total Long Term Debt	\$80,322,446	\$88,473,940	\$88,272,916
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>17.2</b>	<b>15.6</b>	<b>16.7</b>
12	Total Long Term Debt	\$38,413,034	\$39,702,813	\$42,489,918
13	Total Net Assets	\$184,607,269	\$214,409,058	\$212,156,945
14	Total Long Term Debt and Total Net Assets	\$223,020,303	\$254,111,871	\$254,646,863

CT CHILDREN'S MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	0	0	0	0	0	0.0%	0.0%
2	ICU/CCU (Excludes Neonatal ICU)	4,595	163	557	18	18	69.9%	69.9%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	0	0	0	0	0	0.0%	0.0%
7	Newborn	0	0	0	0	0	0.0%	0.0%
8	Neonatal ICU	11,857	492	575	72	72	45.1%	45.1%
9	Pediatric	21,382	5,711	4,964	92	97	63.7%	60.4%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>37,834</b>	<b>6,203</b>	<b>6,096</b>	<b>182</b>	<b>187</b>	<b>57.0%</b>	<b>55.4%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>37,834</b>	<b>6,203</b>	<b>6,096</b>	<b>182</b>	<b>187</b>	<b>57.0%</b>	<b>55.4%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>37,834</b>	<b>6,203</b>	<b>6,096</b>	<b>182</b>	<b>187</b>	<b>57.0%</b>	<b>55.4%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>36,799</b>	<b>0</b>	<b>0</b>	<b>142</b>	<b>147</b>	<b>71.0%</b>	<b>68.6%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>1,035</b>	<b>6,203</b>	<b>6,096</b>	<b>40</b>	<b>40</b>	<b>-14.0%</b>	<b>-13.2%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>28%</b>	<b>27%</b>	<b>-20%</b>	<b>-19%</b>
	Total Licensed Beds and Bassinets	187						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	1,421	1,184	-237	-17%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,588	1,479	-109	-7%
3	Emergency Department Scans	979	948	-31	-3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>3,988</b>	<b>3,611</b>	<b>-377</b>	<b>-9%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	555	645	90	16%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,009	3,353	344	11%
3	Emergency Department Scans	70	96	26	37%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>3,634</b>	<b>4,094</b>	<b>460</b>	<b>13%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	3	1	-2	-67%
2	Outpatient Procedures	15	7	-8	-53%
	<b>Total Cardiac Catheterization Procedures</b>	<b>18</b>	<b>8</b>	<b>-10</b>	<b>-56%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	2	7	5	250%
2	Outpatient Studies	6	2	-4	-67%
	<b>Total Electrophysiology Studies</b>	<b>8</b>	<b>9</b>	<b>1</b>	<b>13%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,283	2,036	-247	-11%
2	Outpatient Surgical Procedures	7,623	8,062	439	6%
	<b>Total Surgical Procedures</b>	<b>9,906</b>	<b>10,098</b>	<b>192</b>	<b>2%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. Endoscopy Procedures</b>					
1	Inpatient Endoscopy Procedures	154	138	-16	-10%
2	Outpatient Endoscopy Procedures	1,629	1,607	-22	-1%
	<b>Total Endoscopy Procedures</b>	<b>1,783</b>	<b>1,745</b>	<b>-38</b>	<b>-2%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	3,473	3,376	-97	-3%
2	Emergency Room Visits: Treated and Discharged	50,118	50,112	-6	0%
	<b>Total Emergency Room Visits</b>	<b>53,591</b>	<b>53,488</b>	<b>-103</b>	<b>0%</b>
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	40,216	46,329	6,113	15%
2	Cardiology	0	0	0	0%
3	Chemotherapy	265	249	-16	-6%
4	Gastroenterology	2,101	2,127	26	1%
5	Other Outpatient Visits	43,161	48,991	5,830	14%
	<b>Total Other Hospital Outpatient Visits</b>	<b>85,743</b>	<b>97,696</b>	<b>11,953</b>	<b>14%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	341.8	329.3	-12.5	-4%
2	Total Physician FTEs	30.0	39.0	9.0	30%
3	Total Non-Nursing and Non-Physician FTEs	840.7	860.9	20.2	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,212.5</b>	<b>1,229.2</b>	<b>16.7</b>	<b>1%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital OR Suite	7,623	8,062	439	6%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>7,623</b>	<b>8,062</b>	<b>439</b>	<b>6%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital ENDO Suite	1,629	1,607	-22	-1%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>1,629</b>	<b>1,607</b>	<b>-22</b>	<b>-1%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital Emergency Department	50,118	50,112	-6	0%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>50,118</b>	<b>50,112</b>	<b>-6</b>	<b>0%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$327,619	\$192,736	(\$134,883)	-41%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,997,225	\$1,373,960	(\$1,623,265)	-54%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	914.85%	712.87%	-201.98%	-22%
4	DISCHARGES	8	14	6	75%
5	CASE MIX INDEX (CMI)	1.76110	0.92900	(0.83210)	-47%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,08880	13,00600	(1,08280)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$212,738.13	\$105,640.47	(\$107,097.66)	-50%
8	PATIENT DAYS	46	34	(12)	-26%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$65,157.07	\$40,410.59	(\$24,746.48)	-38%
10	AVERAGE LENGTH OF STAY	5.8	2.4	(3.3)	-58%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$65,268	\$220,883	\$155,615	238%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$598,250	\$1,615,423	\$1,017,173	170%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	916.61%	731.35%	-185.26%	-20%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	19.92%	114.60%	94.68%	475%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1.59375	16.04455	14.45079	907%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$375,371.67	\$100,683.61	(\$274,688.06)	-73%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$392,887	\$413,619	\$20,732	5%
18	TOTAL ACCRUED PAYMENTS	\$3,595,475	\$2,989,383	(\$606,092)	-17%
19	TOTAL ALLOWANCES	(\$3,202,588)	(\$2,575,764)	\$626,824	-20%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$103,765,887	\$113,514,736	\$9,748,849	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$66,616,874	\$71,073,861	\$4,456,987	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	64.20%	62.61%	-1.59%	-2%
4	DISCHARGES	3,110	2,960	(150)	-5%
5	CASE MIX INDEX (CMI)	1.39760	1.38540	(0.01220)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,346.53600	4,100.78400	(245.75200)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$15,326.43	\$17,331.77	\$2,005.35	13%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$197,411.70	\$88,308.70	(\$109,103.00)	-55%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$858,057,077	\$362,134,903	(\$495,922,174)	-58%
10	PATIENT DAYS	17,275	17,135	(140)	-1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,856.26	\$4,147.88	\$291.62	8%
12	AVERAGE LENGTH OF STAY	5.6	5.8	0.2	4%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$77,357,626	\$89,961,728	\$12,604,102	16%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$41,808,528	\$46,950,693	\$5,142,165	12%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.05%	52.19%	-1.86%	-3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	74.55%	79.25%	4.70%	6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,318,50971	2,345,83389	27,32418	1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$18,032.50	\$20,014.50	\$1,982.00	11%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$357,339.17	\$80,669.11	(\$276,670.06)	-77%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$828,494,341	\$189,236,330	(\$639,258,011)	-77%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$181,123,513	\$203,476,464	\$22,352,951	12%
22	TOTAL ACCRUED PAYMENTS	\$108,425,402	\$118,024,554	\$9,599,152	9%
23	TOTAL ALLOWANCES	\$72,698,111	\$85,451,910	\$12,753,799	18%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,686,551,419	\$551,371,233	(\$1,135,180,186)	-67%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$175,486,699	\$200,241,224	\$24,754,525	14%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$107,159,196	\$111,847,290	\$4,688,094	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,327,503	\$88,393,934	\$20,066,431	29%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.94%	44.14%	5.21%	

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$3,559,565	\$1,309,331	(\$2,250,234)	-63%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$504,320	\$237,285	(\$267,035)	-53%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	14.17%	18.12%	3.95%	28%
4	DISCHARGES	80	50	(30)	-38%
5	CASE MIX INDEX (CMI)	1.03140	1.03560	0.00420	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	82.51200	51.78000	(30.73200)	-37%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,112.08	\$4,582.56	(\$1,529.52)	-25%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,214.35	\$12,749.21	\$3,534.87	38%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$206,626.05	\$101,057.91	(\$105,568.14)	-51%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,049,129	\$5,232,779	(\$11,816,350)	-69%
11	PATIENT DAYS	585	220	(365)	-62%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$862.09	\$1,078.57	\$216.48	25%
13	AVERAGE LENGTH OF STAY	7.3	4.4	(2.9)	-40%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,077,249	\$1,925,909	(\$151,340)	-7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$761,886	\$349,025	(\$412,861)	-54%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.68%	18.12%	-18.56%	-51%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	58.36%	147.09%	88.73%	152%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	46.68546	73.54554	26.86008	58%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$16,319.56	\$4,745.70	(\$11,573.86)	-71%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$1,712.94	\$15,268.80	\$13,555.86	791%
21	MEDICARE - UNINSURED OP PMT / OPED	\$359,052.12	\$95,937.91	(\$263,114.21)	-73%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,762,512	\$7,055,805	(\$9,706,707)	-58%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$5,636,814	\$3,235,240	(\$2,401,574)	-43%
24	TOTAL ACCRUED PAYMENTS	\$1,266,206	\$586,310	(\$679,896)	-54%
25	TOTAL ALLOWANCES	\$4,370,608	\$2,648,930	(\$1,721,678)	-39%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$33,811,641	\$12,288,584	(\$21,523,057)	-64%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$117,977,955	\$136,941,716	\$18,963,761	16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$42,896,247	\$45,143,202	\$2,246,955	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.36%	32.97%	-3.39%	-9%
4	DISCHARGES	3,644	3,177	(467)	-13%
5	CASE MIX INDEX (CMI)	1.26230	1.34240	0.08010	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,599.82120	4,264.80480	(335.01640)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,325.63	\$10,585.06	\$1,259.42	14%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,000.80	\$6,746.72	\$745.92	12%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$203,412.50	\$95,055.42	(\$108,357.08)	-53%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$935,661,125	\$405,392,797	(\$530,268,328)	-57%
11	PATIENT DAYS	19,338	20,388	1,050	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,218.24	\$2,214.20	(\$4.03)	0%
13	AVERAGE LENGTH OF STAY	5.3	6.4	1.1	21%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$69,990,631	\$91,211,183	\$21,220,552	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,828,307	\$29,750,812	\$6,922,505	30%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.62%	32.62%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	59.33%	66.61%	7.28%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,161.80946	2,116.06760	(45.74186)	-2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,559.81	\$14,059.48	\$3,499.67	33%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,472.69	\$5,955.02	(\$1,517.67)	-20%
21	MEDICARE - MEDICAID OP PMT / OPED	\$364,811.86	\$86,624.13	(\$278,187.73)	-76%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$788,653,727	\$183,302,511	(\$605,351,215)	-77%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$187,968,586	\$228,152,899	\$40,184,313	21%
24	TOTAL ACCRUED PAYMENTS	\$65,724,554	\$74,894,014	\$9,169,460	14%
25	TOTAL ALLOWANCES	\$122,244,032	\$153,258,885	\$31,014,853	25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,724,314,851	\$588,695,308	(\$1,135,619,543)	-66%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$15,326.43	\$17,331.77	\$2,005.35	13%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$212,738.13	\$105,640.47	(\$107,097.66)	-50%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$18,032.50	\$20,014.50	\$1,982.00	11%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$375,371.67	\$100,683.61	(\$274,688.06)	-73%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$117,977,955	\$136,941,716	\$18,963,761	16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$42,896,247	\$45,143,202	\$2,246,955	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.36%	32.97%	-3.39%	-9%
4	DISCHARGES	3,644	3,177	(467)	-13%
5	CASE MIX INDEX (CMI)	1.26230	1.34240	0.08010	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,599.82120	4,264.80480	(335.01640)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,325.63	\$10,585.06	\$1,259.42	14%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,000.80	\$6,746.72	\$745.92	12%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$203,412.50	\$95,055.42	(\$108,357.08)	-53%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$935,661,125	\$405,392,797	(\$530,268,328)	-57%
11	PATIENT DAYS	19,338	20,388	1,050	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,218.24	\$2,214.20	(\$4.03)	0%
13	AVERAGE LENGTH OF STAY	5.3	6.4	1.1	21%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$69,990,631	\$91,211,183	\$21,220,552	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,828,307	\$29,750,812	\$6,922,505	30%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.62%	32.62%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	59.33%	66.61%	7.28%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,161.80946	2,116.06760	(45.74186)	-2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,559.81	\$14,059.48	\$3,499.67	33%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,472.69	\$5,955.02	(\$1,517.67)	-20%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$364,811.86	\$86,624.13	(\$278,187.73)	-76%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$788,653,727	\$183,302,511	(\$605,351,215)	-77%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$187,968,586	\$228,152,899	\$40,184,313	21%
24	TOTAL ACCRUED PAYMENTS	\$65,724,554	\$74,894,014	\$9,169,460	14%
25	TOTAL ALLOWANCES	\$122,244,032	\$153,258,885	\$31,014,853	25%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$876,816	\$1,844,861	\$968,045	110%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$326,298	\$816,511	\$490,213	150%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.21%	44.26%	7.04%	19%
4	DISCHARGES	38	52	14	37%
5	CASE MIX INDEX (CMI)	1.13450	1.37750	0.24300	21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	43.11100	71.63000	28.51900	66%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,568.79	\$11,399.01	\$3,830.22	51%
8	PATIENT DAYS	140	277	137	98%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,330.70	\$2,947.69	\$616.99	26%
10	AVERAGE LENGTH OF STAY	3.7	5.3	1.6	45%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$680,464	\$981,727	\$301,263	44%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$370,211	\$530,126	\$159,915	43%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,557,280	\$2,826,588	\$1,269,308	82%
14	TOTAL ACCRUED PAYMENTS	\$696,509	\$1,346,637	\$650,128	93%
15	TOTAL ALLOWANCES	\$860,771	\$1,479,951	\$619,180	72%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$24,648,825	\$26,904,783	\$2,255,958	9%
2	TOTAL OPERATING EXPENSES	\$200,115,623	\$212,457,955	\$12,342,332	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$1,326,729	\$1,581,301	\$254,572	19%
5	BAD DEBTS (CHARGES)	\$3,302,352	\$1,147,789	(\$2,154,563)	-65%
6	UNCOMPENSATED CARE (CHARGES)	\$4,629,081	\$2,729,090	(\$1,899,991)	-41%
7	COST OF UNCOMPENSATED CARE	\$2,222,997	\$1,202,311	(\$1,020,685)	-46%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$187,968,586	\$228,152,899	\$40,184,313	21%
9	TOTAL ACCRUED PAYMENTS	\$65,724,554	\$74,894,014	\$9,169,460	14%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$90,267,060	\$100,513,644	\$10,246,584	11%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$24,542,506	\$25,619,630	\$1,077,124	4%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$222,948,277	\$252,494,049	\$29,545,772	13%
2	TOTAL INPATIENT PAYMENTS	\$112,836,644	\$118,407,534	\$5,570,890	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	50.61%	46.90%	-3.72%	-7%
4	TOTAL DISCHARGES	6,800	6,203	(597)	-9%
5	TOTAL CASE MIX INDEX	1.32405	1.36228	0.03823	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	9,003.55700	8,450.22480	(553.33220)	-6%
7	TOTAL OUTPATIENT CHARGES	\$148,093,989	\$182,375,521	\$34,281,532	23%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	66.43%	72.23%	5.80%	9%
9	TOTAL OUTPATIENT PAYMENTS	\$65,605,296	\$78,847,054	\$13,241,758	20%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.30%	43.23%	-1.07%	-2%
11	TOTAL CHARGES	\$371,042,266	\$434,869,570	\$63,827,304	17%
12	TOTAL PAYMENTS	\$178,441,940	\$197,254,588	\$18,812,648	11%
13	TOTAL PAYMENTS / TOTAL CHARGES	48.09%	45.36%	-2.73%	-6%
14	PATIENT DAYS	36,799	37,834	1,035	3%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$119,182,390	\$138,979,313	\$19,796,923	17%
2	INPATIENT PAYMENTS	\$46,219,770	\$47,333,673	\$1,113,903	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	38.78%	34.06%	-4.72%	-12%
4	DISCHARGES	3,690	3,243	(447)	-12%
5	CASE MIX INDEX	1.26207	1.34118	0.07911	6%
6	CASE MIX ADJUSTED DISCHARGES	4,657.02100	4,349.44080	(307.58020)	-7%
7	OUTPATIENT CHARGES	\$70,736,363	\$92,413,793	\$21,677,430	31%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	59.35%	66.49%	7.14%	12%
9	OUTPATIENT PAYMENTS	\$23,796,768	\$31,896,361	\$8,099,593	34%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.64%	34.51%	0.87%	3%
11	TOTAL CHARGES	\$189,918,753	\$231,393,106	\$41,474,353	22%
12	TOTAL PAYMENTS	\$70,016,538	\$79,230,034	\$9,213,496	13%
13	TOTAL PAYMENTS / CHARGES	36.87%	34.24%	-2.63%	-7%
14	PATIENT DAYS	19,524	20,699	1,175	6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$119,902,215	\$152,163,072	\$32,260,857	27%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.8	2.4	(3.3)	-58%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.6	5.8	0.2	4%
3	UNINSURED	7.3	4.4	(2.9)	-40%
4	MEDICAID	5.3	6.4	1.1	21%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.7	5.3	1.6	45%
7	TOTAL AVERAGE LENGTH OF STAY	5.4	6.1	0.7	13%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$371,042,266	\$434,869,570	\$63,827,304	17%
2	TOTAL GOVERNMENT DEDUCTIONS	\$119,902,215	\$152,163,072	\$32,260,857	27%
3	UNCOMPENSATED CARE	\$4,629,081	\$2,729,090	(\$1,899,991)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,327,503	\$88,393,934	\$20,066,431	29%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$192,858,799	\$243,286,096	\$50,427,297	26%
7	TOTAL ACCRUED PAYMENTS	\$178,183,467	\$191,583,474	\$13,400,007	8%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$178,183,467	\$191,583,474	\$13,400,007	8%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4802241775	0.4405538746	(0.0396703029)	-8%
11	COST OF UNCOMPENSATED CARE	\$2,222,997	\$1,202,311	(\$1,020,685)	-46%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$24,542,506	\$25,619,630	\$1,077,124	4%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,765,502	\$26,821,941	\$56,439	0%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$788,653,727	\$183,302,511	(\$605,351,215)	-77%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$33,811,641	\$12,288,584	(\$21,523,057)	-64%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$822,465,368	\$195,591,095	(\$626,874,273)	-76%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6,786,090	\$4,045,130	(\$2,740,960)	-40.39%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$185,228,030	\$202,447,507	\$17,219,477	9.30%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$371,042,266	\$434,869,570	\$63,827,304	17.20%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$7,536,262	\$6,864,670	(\$671,592)	-8.91%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$12,165,343	\$9,593,760	(\$2,571,583)	-21.14%

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$103,765,887	\$113,514,736	\$9,748,849
2	MEDICARE	\$327,619	192,736	(\$134,883)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$117,977,955	136,941,716	\$18,963,761
4	MEDICAID	\$117,977,955	136,941,716	\$18,963,761
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$876,816	1,844,861	\$968,045
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,559,565	1,309,331	(\$2,250,234)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$119,182,390</b>	<b>\$138,979,313</b>	<b>\$19,796,923</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$222,948,277</b>	<b>\$252,494,049</b>	<b>\$29,545,772</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,357,626	\$89,961,728	\$12,604,102
2	MEDICARE	\$65,268	220,883	\$155,615
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$69,990,631	91,211,183	\$21,220,552
4	MEDICAID	\$69,990,631	91,211,183	\$21,220,552
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$680,464	981,727	\$301,263
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,077,249	1,925,909	(\$151,340)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$70,736,363</b>	<b>\$92,413,793</b>	<b>\$21,677,430</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$148,093,989</b>	<b>\$182,375,521</b>	<b>\$34,281,532</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$181,123,513	\$203,476,464	\$22,352,951
2	TOTAL MEDICARE	\$392,887	\$413,619	\$20,732
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$187,968,586	\$228,152,899	\$40,184,313
4	TOTAL MEDICAID	\$187,968,586	\$228,152,899	\$40,184,313
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,557,280	\$2,826,588	\$1,269,308
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,636,814	\$3,235,240	(\$2,401,574)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$189,918,753</b>	<b>\$231,393,106</b>	<b>\$41,474,353</b>
	<b>TOTAL CHARGES</b>	<b>\$371,042,266</b>	<b>\$434,869,570</b>	<b>\$63,827,304</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,616,874	\$71,073,861	\$4,456,987
2	MEDICARE	\$2,997,225	1,373,960	(\$1,623,265)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$42,896,247	45,143,202	\$2,246,955
4	MEDICAID	\$42,896,247	45,143,202	\$2,246,955
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$326,298	816,511	\$490,213
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$504,320	237,285	(\$267,035)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$46,219,770</b>	<b>\$47,333,673</b>	<b>\$1,113,903</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$112,836,644</b>	<b>\$118,407,534</b>	<b>\$5,570,890</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,808,528	\$46,950,693	\$5,142,165
2	MEDICARE	\$598,250	1,615,423	\$1,017,173
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,828,307	29,750,812	\$6,922,505
4	MEDICAID	\$22,828,307	29,750,812	\$6,922,505
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$370,211	530,126	\$159,915
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$761,886	349,025	(\$412,861)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$23,796,768</b>	<b>\$31,896,361</b>	<b>\$8,099,593</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$65,605,296</b>	<b>\$78,847,054</b>	<b>\$13,241,758</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$108,425,402	\$118,024,554	\$9,599,152
2	TOTAL MEDICARE	\$3,595,475	\$2,989,383	(\$606,092)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$65,724,554	\$74,894,014	\$9,169,460
4	TOTAL MEDICAID	\$65,724,554	\$74,894,014	\$9,169,460
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$696,509	\$1,346,637	\$650,128
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,266,206	\$586,310	(\$679,896)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$70,016,538</b>	<b>\$79,230,034</b>	<b>\$9,213,496</b>
	<b>TOTAL PAYMENTS</b>	<b>\$178,441,940</b>	<b>\$197,254,588</b>	<b>\$18,812,648</b>

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.97%	26.10%	-1.86%
2	MEDICARE	0.09%	0.04%	-0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.80%	31.49%	-0.31%
4	MEDICAID	31.80%	31.49%	-0.31%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.24%	0.42%	0.19%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.96%	0.30%	-0.66%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>32.12%</b>	<b>31.96%</b>	<b>-0.16%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>60.09%</b>	<b>58.06%</b>	<b>-2.03%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.85%	20.69%	-0.16%
2	MEDICARE	0.02%	0.05%	0.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18.86%	20.97%	2.11%
4	MEDICAID	18.86%	20.97%	2.11%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.18%	0.23%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.56%	0.44%	-0.12%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>19.06%</b>	<b>21.25%</b>	<b>2.19%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>39.91%</b>	<b>41.94%</b>	<b>2.03%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.33%	36.03%	-1.30%
2	MEDICARE	1.68%	0.70%	-0.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.04%	22.89%	-1.15%
4	MEDICAID	24.04%	22.89%	-1.15%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.18%	0.41%	0.23%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.28%	0.12%	-0.16%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>25.90%</b>	<b>24.00%</b>	<b>-1.91%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>63.23%</b>	<b>60.03%</b>	<b>-3.21%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.43%	23.80%	0.37%
2	MEDICARE	0.34%	0.82%	0.48%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.79%	15.08%	2.29%
4	MEDICAID	12.79%	15.08%	2.29%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.21%	0.27%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.43%	0.18%	-0.25%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>13.34%</b>	<b>16.17%</b>	<b>2.83%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>36.77%</b>	<b>39.97%</b>	<b>3.21%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,110	2,960	(150)
2	MEDICARE	8	14	6
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,644	3,177	(467)
4	MEDICAID	3,644	3,177	(467)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	38	52	14
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	80	50	(30)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,690</b>	<b>3,243</b>	<b>(447)</b>
	<b>TOTAL DISCHARGES</b>	<b>6,800</b>	<b>6,203</b>	<b>(597)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17,275	17,135	(140)
2	MEDICARE	46	34	(12)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19,338	20,388	1,050
4	MEDICAID	19,338	20,388	1,050
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	140	277	137
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	585	220	(365)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>19,524</b>	<b>20,699</b>	<b>1,175</b>
	<b>TOTAL PATIENT DAYS</b>	<b>36,799</b>	<b>37,834</b>	<b>1,035</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.6	5.8	0.2
2	MEDICARE	5.8	2.4	(3.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.3	6.4	1.1
4	MEDICAID	5.3	6.4	1.1
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.7	5.3	1.6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.3	4.4	(2.9)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.3</b>	<b>6.4</b>	<b>1.1</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.4</b>	<b>6.1</b>	<b>0.7</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.39760	1.38540	(0.01220)
2	MEDICARE	1.76110	0.92900	(0.83210)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.26230	1.34240	0.08010
4	MEDICAID	1.26230	1.34240	0.08010
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.13450	1.37750	0.24300
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03140	1.03560	0.00420
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.26207</b>	<b>1.34118</b>	<b>0.07911</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.32405</b>	<b>1.36228</b>	<b>0.03823</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,486,699	\$200,241,224	\$24,754,525
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$107,159,196	\$111,847,290	\$4,688,094
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,327,503	\$88,393,934	\$20,066,431
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.94%	44.14%	5.21%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,326,729	\$1,581,301	\$254,572
9	BAD DEBTS	\$3,302,352	\$1,147,789	(\$2,154,563)
10	TOTAL UNCOMPENSATED CARE	\$4,629,081	\$2,729,090	(\$1,899,991)
11	TOTAL OTHER OPERATING REVENUE	\$175,486,699	\$200,241,224	\$24,754,525
12	TOTAL OPERATING EXPENSES	\$200,115,623	\$212,457,955	\$12,342,332

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,346.53600	4,100.78400	(245.75200)
2	MEDICARE	14.08880	13.00600	(1.08280)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,599.82120	4,264.80480	(335.01640)
4	MEDICAID	4,599.82120	4,264.80480	(335.01640)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	43.11100	71.63000	28.51900
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	82.51200	51.78000	(30.73200)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>4,657.02100</b>	<b>4,349.44080</b>	<b>(307.58020)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>9,003.55700</b>	<b>8,450.22480</b>	<b>(553.33220)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,318.50971	2,345.83389	27.32418
2	MEDICARE	1.59375	16.04455	14.45079
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,161.80946	2,116.06760	-45.74186
4	MEDICAID	2,161.80946	2,116.06760	-45.74186
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	29.49037	27.67136	-1.81902
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	46.68546	73.54554	26.86008
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>2,192.89359</b>	<b>2,159.78350</b>	<b>-33.11009</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,511.40330</b>	<b>4,505.61740</b>	<b>-5.78591</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,326.43	\$17,331.77	\$2,005.35
2	MEDICARE	\$212,738.13	\$105,640.47	(\$107,097.66)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,325.63	\$10,585.06	\$1,259.42
4	MEDICAID	\$9,325.63	\$10,585.06	\$1,259.42
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$7,568.79	\$11,399.01	\$3,830.22
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,112.08	\$4,582.56	(\$1,529.52)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$9,924.75</b>	<b>\$10,882.70</b>	<b>\$957.95</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$12,532.45</b>	<b>\$14,012.35</b>	<b>\$1,479.90</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,032.50	\$20,014.50	\$1,982.00
2	MEDICARE	\$375,371.67	\$100,683.61	(\$274,688.06)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,559.81	\$14,059.48	\$3,499.67
4	MEDICAID	\$10,559.81	\$14,059.48	\$3,499.67
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$12,553.62	\$19,157.93	\$6,604.31
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,319.56	\$4,745.70	(\$11,573.86)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$10,851.77</b>	<b>\$14,768.31</b>	<b>\$3,916.55</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$14,542.10</b>	<b>\$17,499.72</b>	<b>\$2,957.62</b>

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<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$788,653,727	\$183,302,511	(\$605,351,215)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$33,811,641	\$12,288,584	(\$21,523,057)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$822,465,368</b>	<b>\$195,591,095</b>	<b>(\$626,874,273)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$371,042,266	\$434,869,570	\$63,827,304
2	TOTAL GOVERNMENT DEDUCTIONS	\$119,902,215	\$152,163,072	\$32,260,857
3	UNCOMPENSATED CARE	\$4,629,081	\$2,729,090	(\$1,899,991)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,327,503	\$88,393,934	\$20,066,431
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$192,858,799	\$243,286,096	\$50,427,297
7	TOTAL ACCRUED PAYMENTS	\$178,183,467	\$191,583,474	\$13,400,007
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$178,183,467	\$191,583,474	\$13,400,007
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4802241775	0.4405538746	(0.0396703029)
11	COST OF UNCOMPENSATED CARE	\$2,222,997	\$1,202,311	(\$1,020,685)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$24,542,506	\$25,619,630	\$1,077,124
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,765,502	\$26,821,941	\$56,439
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	64.20%	62.61%	-1.59%
2	MEDICARE	914.85%	712.87%	-201.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36.36%	32.97%	-3.39%
4	MEDICAID	36.36%	32.97%	-3.39%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	37.21%	44.26%	7.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14.17%	18.12%	3.95%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>38.78%</b>	<b>34.06%</b>	<b>-4.72%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>50.61%</b>	<b>46.90%</b>	<b>-3.72%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.05%	52.19%	-1.86%
2	MEDICARE	916.61%	731.35%	-185.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.62%	32.62%	0.00%
4	MEDICAID	32.62%	32.62%	0.00%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	54.41%	54.00%	-0.41%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	36.68%	18.12%	-18.56%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>33.64%</b>	<b>34.51%</b>	<b>0.87%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>44.30%</b>	<b>43.23%</b>	<b>-1.07%</b>

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$178,441,940	\$197,254,588	\$18,812,648
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$178,441,940</b>	<b>\$197,254,588</b>	<b>\$18,812,648</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,786,090	\$4,045,130	(\$2,740,960)
4	<b>CALCULATED NET REVENUE</b>	<b>\$185,228,030</b>	<b>\$201,299,718</b>	<b>\$16,071,688</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$185,228,030	\$202,447,507	\$17,219,477
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>(\$1,147,789)</b>	<b>(\$1,147,789)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$371,042,266	\$434,869,570	\$63,827,304
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$371,042,266</b>	<b>\$434,869,570</b>	<b>\$63,827,304</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$371,042,266	\$434,869,570	\$63,827,304
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,629,081	\$2,729,090	(\$1,899,991)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$7,536,262	\$6,864,670	(\$671,592)
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$12,165,343</b>	<b>\$9,593,760</b>	<b>(\$2,571,583)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,165,343	\$9,593,760	(\$2,571,583)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$113,514,736
2	MEDICARE	192,736
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	136,941,716
4	MEDICAID	136,941,716
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,844,861
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,309,331
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$138,979,313</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$252,494,049</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$89,961,728
2	MEDICARE	220,883
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	91,211,183
4	MEDICAID	91,211,183
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	981,727
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,925,909
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$92,413,793</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$182,375,521</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$203,476,464
2	TOTAL GOVERNMENT ACCRUED CHARGES	231,393,106
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$434,869,570</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$71,073,861
2	MEDICARE	1,373,960
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	45,143,202
4	MEDICAID	45,143,202
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	816,511
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	237,285
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$47,333,673</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$118,407,534</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,950,693
2	MEDICARE	1,615,423
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,750,812
4	MEDICAID	29,750,812
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	530,126
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	349,025
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$31,896,361</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$78,847,054</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$118,024,554
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	79,230,034
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$197,254,588</b>

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,960
2	MEDICARE	14
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,177
4	MEDICAID	3,177
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	52
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	50
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,243</b>
	<b>TOTAL DISCHARGES</b>	<b>6,203</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.38540
2	MEDICARE	0.92900
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.34240
4	MEDICAID	1.34240
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.37750
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03560
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.34118</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.36228</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$200,241,224
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$111,847,290
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,393,934
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.14%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,581,301
9	BAD DEBTS	\$1,147,789
10	TOTAL UNCOMPENSATED CARE	\$2,729,090
11	TOTAL OTHER OPERATING REVENUE	\$26,904,783
12	TOTAL OPERATING EXPENSES	\$212,457,955

<b>CT CHILDREN'S MEDICAL CENTER</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2011</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2011</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$197,254,588
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$197,254,588</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,045,130
	<b>CALCULATED NET REVENUE</b>	<b>\$201,299,718</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$202,447,507
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1,147,789)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$434,869,570
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$434,869,570</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$434,869,570
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,729,090
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$6,864,670
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$9,593,760</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$9,593,760
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	123	194	71	58%
2	Number of Approved Applicants	83	142	59	71%
3	<b>Total Charges (A)</b>	\$1,326,729	\$1,581,301	\$254,572	19%
4	<b>Average Charges</b>	<b>\$15,985</b>	<b>\$11,136</b>	<b>(\$4,849)</b>	<b>-30%</b>
5	Ratio of Cost to Charges (RCC)	0.493594	0.505737	0.012143	2%
6	<b>Total Cost</b>	<b>\$654,865</b>	<b>\$799,722</b>	<b>\$144,857</b>	<b>22%</b>
7	<b>Average Cost</b>	<b>\$7,890</b>	<b>\$5,632</b>	<b>(\$2,258)</b>	<b>-29%</b>
8	Charity Care - Inpatient Charges	\$1,133,080	\$1,219,202	\$86,122	8%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	142,553	243,769	101,216	71%
10	Charity Care - Emergency Department Charges	51,096	118,330	67,234	132%
11	<b>Total Charges (A)</b>	<b>\$1,326,729</b>	<b>\$1,581,301</b>	<b>\$254,572</b>	<b>19%</b>
12	Charity Care - Number of Patient Days	262	521	259	99%
13	Charity Care - Number of Discharges	11	28	17	155%
14	Charity Care - Number of Outpatient ED Visits	70	103	33	47%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	127	282	155	122%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$1,467,676	\$273,650	(\$1,194,026)	-81%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,163,821	378,802	(785,019)	-67%
3	Bad Debts - Emergency Department	670,855	495,337	(175,518)	-26%
4	<b>Total Bad Debts (A)</b>	<b>\$3,302,352</b>	<b>\$1,147,789</b>	<b>(\$2,154,563)</b>	<b>-65%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$1,326,729	\$1,581,301	\$254,572	19%
2	Bad Debts (A)	3,302,352	1,147,789	(2,154,563)	-65%
3	<b>Total Uncompensated Care (A)</b>	<b>\$4,629,081</b>	<b>\$2,729,090</b>	<b>(\$1,899,991)</b>	<b>-41%</b>
4	Uncompensated Care - Inpatient Services	\$2,600,756	\$1,492,852	(\$1,107,904)	-43%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,306,374	622,571	(683,803)	-52%
6	Uncompensated Care - Emergency Department	721,951	613,667	(108,284)	-15%
7	<b>Total Uncompensated Care (A)</b>	<b>\$4,629,081</b>	<b>\$2,729,090</b>	<b>(\$1,899,991)</b>	<b>-41%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					



<b>CT CHILDREN'S MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$204,105,825	\$222,948,277	\$252,494,049
2	Outpatient Gross Revenue	\$140,822,230	\$148,093,989	\$182,375,521
3	Total Gross Patient Revenue	\$344,928,055	\$371,042,266	\$434,869,570
4	Net Patient Revenue	\$178,476,453	\$185,228,029	\$202,447,507
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$185,535,330	\$200,115,623	\$212,457,955
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	35,911	36,799	37,834
2	Discharges	6,359	6,800	6,203
3	Average Length of Stay	5.6	5.4	6.1
4	Equivalent (Adjusted) Patient Days (EPD)	60,688	61,243	65,161
0	Equivalent (Adjusted) Discharges (ED)	10,746	11,317	10,683
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.40237	1.32405	1.36228
2	Case Mix Adjusted Patient Days (CMAPD)	50,361	48,724	51,541
3	Case Mix Adjusted Discharges (CMAD)	8,918	9,004	8,450
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	85,107	81,089	88,768
5	Case Mix Adjusted Equivalent Discharges (CMAED)	15,070	14,984	14,554
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$9,605	\$10,083	\$11,494
2	Total Gross Revenue per Discharge	\$54,242	\$54,565	\$70,106
3	Total Gross Revenue per EPD	\$5,684	\$6,059	\$6,674
4	Total Gross Revenue per ED	\$32,097	\$32,787	\$40,705
5	Total Gross Revenue per CMAEPD	\$4,053	\$4,576	\$4,899
6	Total Gross Revenue per CMAED	\$22,888	\$24,762	\$29,880
7	Inpatient Gross Revenue per EPD	\$3,363	\$3,640	\$3,875
8	Inpatient Gross Revenue per ED	\$18,993	\$19,700	\$23,634

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,970	\$5,034	\$5,351
2	Net Patient Revenue per Discharge	\$28,067	\$27,239	\$32,637
3	Net Patient Revenue per EPD	\$2,941	\$3,024	\$3,107
4	Net Patient Revenue per ED	\$16,608	\$16,367	\$18,950
5	Net Patient Revenue per CMAEPD	\$2,097	\$2,284	\$2,281
6	Net Patient Revenue per CMAED	\$11,843	\$12,362	\$13,910
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$5,167	\$5,438	\$5,616
2	Total Operating Expense per Discharge	\$29,177	\$29,429	\$34,251
3	Total Operating Expense per EPD	\$3,057	\$3,268	\$3,260
4	Total Operating Expense per ED	\$17,265	\$17,683	\$19,887
5	Total Operating Expense per CMAEPD	\$2,180	\$2,468	\$2,393
6	Total Operating Expense per CMAED	\$12,311	\$13,355	\$14,598
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$31,734,175	\$30,506,666	\$29,076,374
2	Nursing Fringe Benefits Expense	\$6,873,731	\$7,993,371	\$8,257,803
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$38,607,906</b>	<b>\$38,500,037</b>	<b>\$37,334,177</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$52,090,987	\$57,055,366	\$60,735,716
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$11,283,085	\$14,949,675	\$17,249,180
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$63,374,072</b>	<b>\$72,005,041</b>	<b>\$77,984,896</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$83,825,162	\$87,562,032	\$89,812,090
2	Total Fringe Benefits Expense	\$18,156,816	\$22,943,046	\$25,506,983
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$101,981,978</b>	<b>\$110,505,078</b>	<b>\$115,319,073</b>

<b>CT CHILDREN'S MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	341.7	341.8	329.3
2	Total Physician FTEs	30.1	30.0	39.0
3	Total Non-Nursing, Non-Physician FTEs	823.4	840.7	860.9
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,195.2</b>	<b>1,212.5</b>	<b>1,229.2</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$92,871	\$89,253	\$88,298
2	Nursing Fringe Benefits Expense per FTE	\$20,116	\$23,386	\$25,077
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$112,988</b>	<b>\$112,639</b>	<b>\$113,374</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$63,263	\$67,866	\$70,549
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,703	\$17,782	\$20,036
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$76,966</b>	<b>\$85,649</b>	<b>\$90,585</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$70,135	\$72,216	\$73,065
2	Total Fringe Benefits Expense per FTE	\$15,191	\$18,922	\$20,751
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$85,326</b>	<b>\$91,138</b>	<b>\$93,816</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,840	\$3,003	\$3,048
2	Total Salary and Fringe Benefits Expense per Discharge	\$16,037	\$16,251	\$18,591
3	Total Salary and Fringe Benefits Expense per EPD	\$1,680	\$1,804	\$1,770
4	Total Salary and Fringe Benefits Expense per ED	\$9,490	\$9,765	\$10,794
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,198	\$1,363	\$1,299
6	Total Salary and Fringe Benefits Expense per CMAED	\$6,767	\$7,375	\$7,924